

**City Of Reading**  
**Property Maintenance Division**  
815 Washington Street, Room 1-30  
Reading, PA 19601  
610-655-6283

**Housing Permit Application**

**Property Address**

(Please include Unit Numbers and Building Name, if applicable)

\_\_\_\_\_

\_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>New Housing Permit</b>               | <input type="checkbox"/> <b>Change of Ownership/ Management</b> |
| <input type="checkbox"/> <b>Increase/ Decrease of Units</b>      | <input type="checkbox"/> <b>Owner Occupied</b>                  |
| <input type="checkbox"/> <b>Renewal Application with Changes</b> | <input type="checkbox"/> <b>Change of Address</b>               |

***TYPE OF APPLICATION***

***OWNER(S) INFORMATION***

Owner's Name as it appears on the deed (If more than one owner please complete separate sheet listing information for all owners):

Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL # \_\_\_\_\_ DL Issuing State \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If Owner is a Corporation or Partnership, please provide information for Designated Officer or Corporation:

Name of Corporation or Partnership: \_\_\_\_\_

**Name of Partner of Officer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

***MANAGEMENT OR RESPONSIBLE AGENT INFORMATION***

Management / Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## ***TYPE AND NUMBER OF RENTAL UNITS***

### **Type of Rental Property:**

- ☐ House (Single Family Unit Rental)      ☐ Apartment
- ☐ Room or Rooming House      ☐ Duplex
- ☐ Vacant/For Sale (must provide a complete Housing application, supporting documentation, applicable fees, and a copy of Seller's Agreement in order to obtain the Vacant/For Sale form)
- ☐ Vacant/For Rehab (must provide a complete Housing application, supporting documentation, applicable fees, and a Rehab plan in order to obtain the Vacant/For Rehab form)
- ☐ Combination (Please Describe) \_\_\_\_\_
- ☐ Other (Please Explain) \_\_\_\_\_

### **Number of Unit(s):**

If other than House, please provide number of dwelling units or rooming units:

Number of Dwelling Units: \_\_\_\_\_ Number of Rooming Units: \_\_\_\_\_

Number of Utility Meters: Gas: \_\_\_\_\_ Water: \_\_\_\_\_ Electric: \_\_\_\_\_

## ***OWNER-OCCUPIED***

Are any of the units owner-occupied?      Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of the units occupied by an owner's spouse, son, daughter, mother, father, sister or brother?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, number of units so occupied: \_\_\_\_\_

Units occupied by owner or owner's family as stated above must be indicated on the Tenant Listing. In addition, a copy of the family member's State-issued ID reflecting that address is required along with the Supporting Documentation.

## **TENANT LISTING OF RENTAL DWELLING UNITS**

If there are more tenants than there is room in the table below, attach a separate paper with additional information in the same format.

All Current Tenant (s) Last Name, First Name, Initial	Relationship to Lessee	Date of Entry	Term of Lease	18 Years of Age or Older? (Y/N)

**All highlighted documentation on Page 3 is required in order for the application to be complete. Any missing required supporting documentation, appropriate information, and/or fee is equivalent to an incomplete packet and Property Maintenance may designate your property as an Illegal Rental, adding a non-compliance surcharge of \$1,000.00 per unit. If the housing packet is not completed within 15 days of Illegal Rental designation, an additional fee of \$300.00 per unit per month will be charged until the property is registered and all associated fees are paid in full.**

	DOCUMENTATION	APPLICANT CHECKLIST	OFFICIAL USE ONLY COPY PROVIDED
Photo	Zoning Permit (attach copy)	\$100.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check or Money Order payable to City of Reading	
	Business Privilege License	Can be obtained in	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Room 1-27	License No: _____
	Articles of Incorporation or Partnership Agreement (when applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Valid Contract or Proof of Participation with Licensed Hauler for Trash Removal	Proof can be in the form of a recent bill. Room 1-27 for City of Reading Trash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Use Only	Participation in Reading Recycling Program	Room 1-27 to sign up for Recycling	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copy of Sample Written Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Photograph of Front and Rear of Property		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Completed Tenant Listing	(On Page 2 of Application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Appropriate Fee	2007, 2008/09 \$50.00 per unit per year; 2010 \$100.00 per unit, per year; 2011 to present \$100.00 per parcel. Separate check or money order payable to City of Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No
License	Copy of Drivers License	Must be state-issued ID only	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copy of the Deed to the Property	or Settlement Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby verify that the information provided on the within application is true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations. **A signature is required. No signature is equivalent to the packet being considered incomplete.**

_____ Signature of Property Owner	_____ If the Owner is a Corporation or Partnership, please indicate office or title held by the person completing the Application	
_____ Print Name	_____ Date Submitted	_____ Property Address

CITY OF READING



ZONING PERMIT

ZONING (HOUSING/RENTAL) PERMIT \$100.00 FEE

PARCEL ID # \_\_\_\_\_

CONTROL NO.: \_\_\_\_\_

PROPERTY ADDRESS _____			
NUMBER	STREET	ZIP CODE	
APPLICANT: OWNER _____		AGENT _____ (Power of Attorney Required)	
NAME _____			TELEPHONE NO _____
NUMBER	STREET	CITY STATE	ZIP CODE
PROPERTY OWNER: _____			
NAME _____			TELEPHONE NO. _____
NUMBER	STREET	CITY STATE	ZIP CODE
APPLICANT'S SIGNATURE: _____			
NAME _____			DATE _____
NUMBER OF UNITS: _____			
NUMBER OF ROOMS: _____			
NUMBER OFF STREET PARKING SPACES: _____			
HISTORIC DISTRICT (WHEN APPLICABLE): _____			

ZONING DISTRICT: \_\_\_\_\_

CODES REVIEW: \_\_\_\_\_

CODES INSPECTION: YES ☐ NO: ☐ DATE OF INSPECTION: \_\_\_\_\_

COMPLIES WITH CITY OF READING ORDINANCE "ROOM MATE HOUSING" YES ☐ NO ☐

IF NO, PROVIDE PREVIOUS APPROVAL AND REGISTRATION AS A NONCONFORMING USE

FROM SAID REQUIREMENT: \_\_\_\_\_

ADMINISTRATIVE HEARING OFFICER APPROVAL/DENIAL (DATE) \_\_\_\_\_

ZONING HEARING BOARD APPROVAL/DENIAL (DATE) \_\_\_\_\_

CITY COUNCIL APPROVAL/DENIAL (DATE) \_\_\_\_\_

APPROVED: \_\_\_\_\_  
ZONING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF UNITS PERMITTED: \_\_\_\_\_

NUMBER OF ROOMS PERMITTED: \_\_\_\_\_

NUMBER OFF STREET PARKING SPACES: \_\_\_\_\_

=====

IN ADDITION TO THIS ZONING PERMIT, ADDITIONAL PERMITS ARE REQUIRED BY THE FOLLOWING DEPARTMENTS: HOUSING: Rm 130 HISTORIC: \_\_\_\_\_ TAX ADMINISTRATION: Rm 127